

Carl Moyer Memorial Air Quality Standards Attainment Program Off-Road Heavy Duty Diesel Emission Reduction Project: Retrofit (Only) Application

Introduction

The Bay Area Air Quality Management District (“District”) is accepting applications for the Carl Moyer Memorial Air Quality Standards Attainment Program¹ (“Carl Moyer Program”). The purpose of this program is to provide funding to replace, repower, and retrofit heavy-duty diesel engines with lower-polluting engines and retrofit control devices. The District is accepting applications for projects throughout its jurisdiction, but will prioritize projects that reduce emissions in impacted communities. Highest priority will be given to the following six highly impacted communities: (1) Eastern San Francisco, (2) West Oakland, (3) East Oakland/San Leandro (4) Richmond, (5) San Jose and (6) Concord.

This application is for the purchase and installation of an ARB verified emission control device in heavy-duty diesel off-road vehicles. A different application form must be used for the purchase of new equipment and combined repower and retrofit projects. For qualifying equipment, Carl Moyer Program grants will cover up to 100% of the cost of an approved diesel emissions control device, including installation.

This program will, in general, follow the guidelines of the California Air Resources Board’s (ARB) **Carl Moyer Program**. Additional information about the District’s policies and application process can be found at <http://www.baaqmd.gov/moyer>.

What You Need To Do

Individuals and companies who plan to apply for a Moyer grant need to complete the attached application and submit two copies of the completed and signed application (including two copies of all attachments). Applications may be downloaded from <http://www.baaqmd.gov/moyer> printed and submitted by mail. They must be submitted **no later than 4pm on Friday April 4, 2008** to:

**Bay Area Air Quality Management District
Administration and Incentives Division
Attention: Richard Vesperman
939 Ellis Street
San Francisco, CA 94109**

Early filing of applications is encouraged and appreciated. The submittal of this information does not guarantee approval for funding, but will be used to determine the potential emission reductions and potential District funding contribution associated with the proposed project. No equipment purchased prior to the execution of an official grant agreement is eligible for funding. Questions regarding this program or the application process may be directed to Richard Vesperman by phone at **(415) 749-4925** or by e-mail at: rvesperman@baaqmd.gov.

Applications will be evaluated using criteria and formulas established by the ARB and priorities established by the District. Some projects which meet review criteria may not be funded if insufficient funds are available to meet all grant requests.

¹ For more information on the ARB Carl Moyer program see: <http://www.arb.ca.gov/msprog/moyer/moyer.htm>.

APPLICATION CHECKLIST

This checklist is provided to assist applicants in verifying that their application is complete before submitting it to the Bay Area Air Quality Management District.

PART 1 - Application Checklist

- ☐ Is the application signed by an authorized company officer?
- ☐ If completed by a Third Party, did the Third Party sign the application?
- ☐ Are two copies of the completed application and all attachments included?
 - ___ 2 copies of Part 1
 - ___ 2 copies of Part 2
 - ___ 2 copies of all attachments for each vehicle
- ☐ Is proof of required insurance attached (Workers Compensation, and vehicle Liability and Collision Insurance)?

PART 2 - Attachments Checklist

- ☐ Two years data on hours of in-use operation per year (for example, maintenance logs)
- ☐ Two years data of fuel consumed in gallons. (for example, a fuel log in a monthly format)
- ☐ CA Air Resources Board (ARB) Executive Order which shows the proposed retrofit device as an approved device.
- ☐ Price quote for the ARB-approved retrofit device that shows the:
 - Engine manufacturer, model and model year of the engine on which the retrofit device is being installed
 - Engine Family Name on which the retrofit device is being installed.
 - Price for the retrofit device system
 - Price for the installation of retrofit device

Survey Questions

Was this application easy to follow? ☐ Yes ☐ No

What suggestions do you have for improving it?

Part 1: Applicant Information

**1. Legal Name of Applicant
Equipment Owner:**

_____ The "Applicant"

2. Mailing Address:

Street Address/P.O. Box _____

City _____ County _____ State _____ Zip _____

Contact information

	Name	Email Address	Phone Number	Fax Number
3. Primary Project Contact				
4. Person Authorized to Sign Application and Execute Project Agreement				
5. Person Completed Application				

If a **Third Party** (e.g., engine dealer, distributor or consultant, etc.) assisted the Applicant to complete this application, such Third Party must complete this Section:

6. What is your position? _____

7. How much are you being paid to complete this application for the owner or to assist in the proposed project? \$ _____

8. What is the source of funds being used to pay you? _____

Signed: _____ **Date:** _____

Name (Please Print): _____

9. How did the applicant hear about the Carl Moyer Program?
10. Did the applicant or anyone associated with this application (primary contact, employee of owner, third party) attend a Carl Moyer Program Application Workshop, a meeting or other event where information was presented about BAAQMD grant programs? <input type="checkbox"/> YES <input type="checkbox"/> NO
11. If yes, please provide the event name and approximate date of the event:
12. Number of engines we have applied for in this application _____

13. Applicant must read and initial each item below to indicate understanding and agreement:

I understand that this application is for evaluation purposes only and does not guarantee project funding.

Initial: _____

I understand and agree that the District may conduct an inspection of the equipment, vehicle(s) and/or vessel(s) that are the subject of this application prior to an award in order to verify eligibility and compliance with the Carl Moyer Program.

Initial: _____

I certify that the proposed project is not required by any local, State or federal rule or regulation; judicial order, or agreement, memorandum of understanding, contract, or other binding obligation that requires the project application to implement any portion of the project that would be funded by the District under the Carl Moyer Program.

Initial: _____

I certify that this application is for equipment/vehicle(s)/engine(s) that have not already been funded, nor are currently under consideration for funding by another air district, the California Air Resources Board (ARB) or by another public agency.

Initial: _____

I certify that to the best of my knowledge, the information contained in this application and in any documentation accompanying this application or submitted in furtherance of this application is true and accurate.

Initial: _____

I have attached documentation showing that my organization carries the appropriate insurance (i.e. Workers Compensation, Automobile Liability, and Automobile Physical Damage Insurance.)

Initial: _____

I certify that I have the legal authority to apply for funding on behalf of the applicant entity and that I am authorized to sign this application on behalf of applicant.

Signed: _____ **Date:** _____
(Authorized Representative of Applicant Equipment Owner)

Name (Please Print): _____

Title: _____

PART 2: Proposal to install an emission reduction retrofit device

Please complete a separate Part 2 for each engine to be retrofitted as part of this application.

VEHICLE INFORMATION

1. Equipment Unit Number:
2. Yard Name where Vehicle Kept when Not in Use:
3. Street Address:
4. City:
5. County:
6. State:
7. Zip Code:
8. Equipment Type (e.g. scraper, roller, loader, etc.):
9. Equipment Make:
10. Equipment Model:
11. Equipment Model Year:
12. Equipment Serial Number:
13. Number of Engines:
14. Horsepower of Engine(s):
15. Project Life (How many years will this vehicle operate, after the project is completed and the vehicle is returned to service?):
16. Percent Operation in California:
17. Percent Operation in District:
18. If funded by the BAAQMD, when will this vehicle return to service?
19. Total amount requested from BAAQMD for this project:

NOTE: The BAAQMD jurisdiction includes all of Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo and Santa Clara Counties, and the southern portions of Sonoma and Solano Counties. See <http://www.baaqmd.gov/dst/jurisdiction.htm> for a jurisdiction map.

FLEET INFORMATION

20. How many off-road vehicles are: - Owned by the applicant? _____ Total horsepower? _____ - Leased by the applicant for a lease term of less than one year? _____ Total hp? _____ - Leased by the applicant for a lease term of one year or more? _____ Total hp? _____
21. What is the total horsepower of all vehicles in the fleet?
22. Is this vehicle currently subject to a state Fleet Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, state which fleet regulation:
23. When is this vehicle required to be in compliance with the applicable fleet regulation?

IMPACTED COMMUNITIES

Projects that operate in Bay Area Impacted Communities receive priority for grant funding. To be considered for this ranking, please answer the following question.

24. Does this vehicle operate in a Bay Area pollution Impacted Community? (See the PM Exposure Map <http://www.baaqmd.gov/moyer>):
- ☐ YES ☐ NO

If yes to Question 23, please answer the following question.
If no, go to Question 25 "Engine Information"

Electronic PM Exposure Map viewed on the District's webpage: There are three colored areas without hatch-marks and three colored areas with hatch-marks areas. Please indicate the percentage of the time this vehicle operates in each zone and identify the zone number found on the map. (Use the "zoom in" tool on the electronic version of the map to enlarge the map to best identify boundaries and zone numbers.)

Paper copy of PM Exposure Map: If you do not have access to the internet, the PM Exposure Map is available by request from the Grants Programs Hotline, (415) 749-4994.

There are three colored areas without hatch-marks and three colored areas with hatch-marks areas. If using a paper copy of the map, circle the areas that the vehicle operates in and summarize the percent of time spent in each Zone Type below.

25. Which impacted communities does this vehicle operate in? (Note: BAAQMD staff may request that the grant applicant provide documentation to verify the information provided below.)

Zone Type	Percent Operation	Zone Number
Red Zone*		
Red Hatch-marked Zone		
Gold Zone*		
Gold Hatch-marked Zone		
Green Zone*		
Green Hatch-marked Zone		

* Not Hatch-marked

Note: If the vehicle currently operates in Impacted Communities and this proposal is funded, the contract between the grantee and the BAAQMD will require the grantee to continue to operate this vehicle in Impacted Communities in the Bay Area.

ENGINE INFORMATION

Note: Engines that do not move/propel the equipment are not eligible for funding

Existing Engine

26. Engine Fuel Type	
27. Engine Make	
28. Engine Model	
29. Engine Model Year	
30. Engine Serial Number	
31. Engine Horsepower	
32. Engine Family Name ¹	
33. Engine Tier	
34. Are the appropriate ARB Engine Executive Orders ² attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO

¹The Engine Family Name (EFN) is a string of approximately 12 letters and numbers found on most engine block tags and on the engine's Executive Order issued by ARB. Your engine dealer can provide an Executive Order, or see <http://www.arb.ca.gov/msprog/offroad/cert/cert.php>. For a key to the EFN code, see http://www.epa.gov/otaq/retrofit/my_identifier.htm and http://www.epa.gov/otaq/retrofit/mfrcodes_bycateg.htm.

²The Executive Orders should be available from your engine dealer or on the ARB webpage at <http://www.arb.ca.gov/msprog/offroad/cert/cert.php> (main engines) or

35. Operation Information: Annual hours of operation and annual fuel use*		
	2006	2007
Hours of Operation		
Gallons of fuel		

*Two years of documentation is required, such as two years of maintenance or operating records to document hours of operation and two years of monthly logs to document fuel usage.

ENGINE RETROFIT INFORMATION

36. Retrofit Device Make:
37. Retrofit Device Model:
38. Retrofit Device Level (1, 2, or 3): <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3
39. Retrofit Device System Cost: \$
40. Retrofit Device Installation Cost: \$
41. Total Cost of Retrofit (#38 + #39): \$
42. Retrofit Device ARB Executive Order Number:
43. Is the ARB Executive Order for the Retrofit Device proposed that shows the engine is verified for the device attached? <input type="checkbox"/> YES <input type="checkbox"/> NO

Links to the lists of verified devices are provided below. Note that some devices have more than one Executive Order and Attachment. Look for the Engine Family Name (EFN) on the Retrofit Device's Executive Order and Attachment(s).

Level 1 technologies: <http://www.arb.ca.gov/diesel/verdev/level1/level1.htm>
Level 2 technologies: <http://www.arb.ca.gov/diesel/verdev/level2/level2.htm>
Level 3 technologies: <http://www.arb.ca.gov/diesel/verdev/level3/level3.htm>